

DEFINITION OF HOMEBOUND

- Absences must require a considerable "TAXING EFFORT" and ASSISTANCE to exit home
- Absences from home should be infrequent and for periods of relatively short duration
- Individual does not need to be bedridden to be considered Homebound
- Occasional absences are acceptable for:
 - Occasional trip to the barber
 - A walk around the block or a drive
 - Attendance at a family reunion, funeral, graduation
- Homebound status is NOT violated by attendance of religious services or attendance at a State licensed, State certified or State accredited medical adult day care center

Some examples of what is NOT CONSIDERED HOMEBOUND:

~~Going to methadone clinic~~

Attending AA meetings

Going to the hairdresser or out to lunch every week

Unable to drive or lack of transportation

PATIENTS SHOULD NOT BE DRIVING; THERE ARE A FEW RARE EXCEPTIONS AND MUST BE DISCUSSED WITH A CLINICAL MANAGER AND/OR QA SPECIALIST

HOMEBOUND QUESTIONS TO ASK PATIENT: W.W.W. H.H.H.: WHEN, WHERE, WITH WHOM, HOW, HOW OFTEN AND HOW HARD

TAXING EFFORT:

- ✦ Unsteady, unsafe gait, poor ambulation with history of falls
- ✦ Requires supervision/assist for safe ambulation
- ✦ Needs assistance of 1-2 people and uses a device; cannot negotiate uneven terrain, stairs or get in/out of a car without assistance
- ✦ Unable to ambulate, secondary to.....severe neurological impairment-seizures, fractures, paralysis/paresis, limited weight bearing
- ✦ Environmental Barriers: Patient unable to negotiate stairs has stairs to exit home; steep steps, no railings
- ✦ Significant weakness following hospital stay
- ✦ Medically restricted status post surgery and wound infection
- ✦ Patient is immune suppressed
- ✦ Patient has difficulty ambulating and needs frequent rest periods due to poor endurance, pain, shortness of breath
- ✦ Unsafe to exit home due to (anxiety confusion, impaired judgment, agoraphobia)
- ✦ Pt with psychiatric problem who refuses to leave home or is not considered safe to leave home unattended